

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE
IN AND FOR ☐ NEW CASTLE ☐ KENT ☐ SUSSEX COUNTY

_____, C.M.# _____
Disabled Person

ANNUAL UPDATE & MEDICAL STATEMENT
(GUARDIAN must complete the section below.)

I, _____, was appointed Guardian of _____
Guardian's name Disabled person's name
on _____.
Date of Final Order for Appointment of Guardianship

My current mailing address is the following: _____

My current telephone number is: _____

The disabled person's address is: _____

Date Guardian's signature

(PHYSICIAN must complete the section below)

The attending physician, _____, last examined the
Physician's name
disabled person on the following date _____. The diagnosis of the
disabled person is set forth in detail as follows: _____

Consequently, there is a continued need for guardianship of the disabled person.

Date Physician's signature